

# Voluntary Petition

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 3		FORM B1, Page 2	
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)					
Location Where Filed: <b>- None -</b>		Case Number:		Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)					
Name of Debtor: <b>- None -</b>		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
<b>Signatures</b>					
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
<b>X /s/ Mira Kostic</b> Signature of Debtor <b>Mira Kostic</b>			<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
<b>X /s/ Petar Kostic</b> Signature of Joint Debtor <b>Petar Kostic</b>			<b>X /s/ Tom Makedonski</b> <b>October 16, 2005</b> Signature of Attorney for Debtor(s) Date <b>Tom Makedonski</b>		
Telephone Number (If not represented by attorney) <b>October 16, 2005</b> Date			<b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>Signature of Attorney</b> <b>X /s/ Tom Makedonski</b> Signature of Attorney for Debtor(s) <b>Tom Makedonski</b> Printed Name of Attorney for Debtor(s) <b>Law Office Of Tom Makedonski</b> Firm Name <b>4248 W Harrington Lane</b> <b>Chicago, IL 60646</b> Address <b>Email: Tmakedon@comcast.net</b> <b>773-727-5491 Fax: 773-685-9138</b> Telephone Number <b>October 16, 2005</b> Date			<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  Printed Name of Bankruptcy Petition Preparer  Social Security Number (Required by 11 U.S.C. § 110(c).)  Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			<b>X</b> Signature of Bankruptcy Petition Preparer  Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		
<b>X</b> Signature of Authorized Individual  Printed Name of Authorized Individual  Title of Authorized Individual  Date					

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